

Home Visit Observation

Date_____ Grantee_____ FDS_____ Observer_____

Family Name _____ Level of Intensity (HV p/ month) _____

I. Relationship between the Specialist and the Family

- | | | | |
|---|-----|----|----|
| 1. Specialist and Family have genuine rapport and partnership. | Yes | No | NA |
| 2. Other members of the family are included in the Home Visit. | Yes | No | NA |
| 3. The Specialist maintained a strength-based, solution-focused approach. | Yes | No | NA |

Comments:

II. Organization of the Family Development Specialist

- | | | | |
|---|-----|----|----|
| 1. The Specialist was on time and prepared for the Home Visit. | Yes | No | NA |
| 2. The Specialist maintained focused throughout the Home Visit. | Yes | No | NA |
| 4. Crisis is addressed rationally with a plan to alleviate. | Yes | No | NA |

Comments:

III. Skill of the Family Development Specialist

- | | | | |
|---|-----|----|----|
| 1. Issues are discussed, that lead to strategies being developed to address the issues. | Yes | No | NA |
| 2. Goals are reviewed from previous visit, goals are modified or new ones created. | Yes | No | NA |
| 3. Goals are supportive of the FIA and other plans developed for the family. | Yes | No | NA |
| 4. Specialist and the family review other services the family is involved with. | Yes | No | NA |
| 5. Parenting skills are addressed. | Yes | No | NA |
| 6. The Specialist demonstrated knowledge of area resources. | Yes | No | NA |
| 7. Specialist demonstrated competence in all assessment tools that were used. | Yes | No | NA |

Comments